

	AMEN	NDMENT 1	Docket No. 29206-00029USPX								
Application No. 09/772621-Conf. #3018			Filing [January 3		Examiner S. K. Rampu						
Αŗ	oplicant(s): Heir	no Wendelrup				RECFI	VET				
ln۰	vention: VOICE	ACTIVATED E	ELECTRONIC	DEVICES (A	MENDED)	RECEI OCT 0 4	2004				
	ransmitted here	with is an ame		above-identif	ied application.	Technology Cer	nter 2600				
CLAIMS AS AMENDED											
		Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate						
	Total Claims		- 20 =		х						
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	x Large Entity				Small Entity	,					
No additional fee is required for this amendment.											
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.											
	_			950.00 to cover the filing fee is enclosed.							
	Payment by	credit card. Fo	edit card. Form PTO-2038 is attached.								
		[.] is hereby auth I below. A dup			t Deposit Account Nenclosed.	lo. <u>10-0447</u>					
		ny overpaymer	• •								
	x Charge a	any additional fil	overpayment. additional filing or application processing fees required under 37 CFR 1.16 an								
	Michael W. Maddox Attorney Reg. No.: 47,764										
	JENKENS & GI 1445 Ross Ave Dallas, Texas 7 (214) 855-4614	LCHRIST, A F nue, Suite 320 75202		AL CORPOR	ATION						
ē	hereby certify that this an envelope addresses shown below.	s correspondence is d to: MS Amendme	ent, Commissioner f	for Patents, P.O.	Box 1450, Alexandria, VA	postage as First Class Mail, in 22313-1450, on the date					
(_	,2004	Signature:	and Mo	artin (Co	etol Martin)					

PTO/SB/17 (10-03)

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EEE TOANGMITTAL	L				Complete if Known			
FEE TRANSMITTAL	• [Application Number			er (09/772621-Conf. #3018 January 30, 2001		
for FY 2004	ľ	Filing Date						
		First Named Inventor			ntor I	Heino Wendelrup		
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name				S. K. Rampuria		
Applicant claims small entity status. See 37 CFR 1.27	1	Art Ur	nit	-	- 2	2683	•	
TOTAL AMOUNT OF PAYMENT (\$) 950.00	\dashv		ey Doo	ket No			029USPX	
METHOD OF PAYMENT (check all that apply)			-, -, -, -, -, -, -, -, -, -, -, -, -, -			ATION	.44	
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Name Professional Corporation The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge -	late provision	onal filing fee of co	wenter 2
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053					
				130	Non-English	•		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812		-		parte reexamination	
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to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting		of SIR after	
FEE CALCULATION	1251	110	2251	55	Extension fo		n first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension fo	r reply withir	n second month	
Large Entity Small Entity	1253	950	2253	475	Extension fo	r reply withir	third month	950.00
Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension fo	r reply within	n fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension fo	r reply withir	n fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Ap	peal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief	• • •	f an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451 2452	1,510			olic use proceeding	' ├──┤
SUBTOTAL (1) (\$) 0.00	1452 1453	110 1,330	2452	55 665	Petition to re			\vdash
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from Fee fr	1502	480	2502	240	Design issue	-	,	\vdash
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Independent III	1460	130	1460	130	Petitions to t		sioner	
Claims -3 - L X	1		i					\vdash
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Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40			ssignment per of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a subr	nission after	final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.1 For each ad-		ntion to be	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (3	7CFR 1.129	(b))	_
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Request for		examination (RCE)	,
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design a		ABITIHAUUH	
and over original patent	Other	fee (spe	cify)					
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater; For Reissues, see above	*Redu	uced by I	Basic Fi	ling Fee	Paid	SUBTO	TAL (3) (\$)	950.00
SUBMITTED BY						(Complete	(if applicable))	
Name (Print/Type) Michael W. Maddox		ration No		,764			(214) 855-46	314
	I (Attorne	ey/Agent					<u>`</u>	
Signature Michael M. Maddwy	<u>/</u>					Date	9.21-0	<i>'Y</i>
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